

(1) The Improvement Types are classified as:

- Intersection Improvements
- Roadway and Structure Improvements
- Roadside Improvements
- Pedestrian and Bicycle Improvements
- Other

LOCAL AGENCY PROGRAMS SAFETY PROJECT SUBMITTAL FORM

FUNDING TEMPLATE:

FISCAL YEAR:

| | | | |
|---------------------|---------|----------------------|---------|
| LOCAL AGENCY | | LOCAL AGENCY CONTACT | |
| PHONE NO. | FAX NO. | EMAIL ADDRESS | |
| ALTERNATIVE CONTACT | | PHONE NO. | FAX NO. |
| EMAIL ADDRESS | | | |

PROPOSED PROJECT LOCATION, LIMITS AND PROJECT DESCRIPTION

| | | |
|--|------------------------|---|
| PROPOSED COST | TIME OF RETURN (YEARS) | IMPROVEMENT CATEGORY (CHECK THE CATEGORY THAT APPLIES) <div style="display: flex; justify-content: space-between;"> <div> Intersection Improvements Roadway and Structure Improvements Roadside Improvements Pedestrian and Bicycle Improvements Other _____ </div> </div> |
| BENEFIT TO COST RATIO | | |
| PLEASE LIST THE CRASH REDUCTION FACTORS USED: | | |
| DOES A PROJECT IMPACT A SCHOOL OR OTHER SENSITIVE ORGANIZATION? PLEASE DESCRIBE: | | |

| ROADWAY DATA | | CROSS ROAD DATA (If an intersection improvement) | |
|------------------------|---------------------------|--|---------------------------|
| PRIMARY ROUTE NAME | | ROUTE NAME | |
| ADT | | ADT | |
| PERCENT COMMERCIAL | *NO. OF CRASHES | PERCENT COMMERCIAL | *NO. OF CRASHES |
| * NO. OF FATAL CRASHES | *NO. OF "A" TYPE CRASHES | *NO. OF FATAL CRASHES | *NO. OF "A" TYPE CRASHES |
| *PERIOD OF CRASH DATA | FUNCTIONAL CLASSIFICATION | *PERIOD OF CRASH DATA | FUNCTIONAL CLASSIFICATION |

*Please attach Crash Summary and UD-10's to your project submittal with the most recent 5 years of available data.

EXPLANATION OF HOW THE PROPOSED IMPROVEMENT WILL IMPROVE SAFETY AND REDUCE CRASHES

HAS YOUR LOCAL AGENCY RECEIVED APPROVAL OF A SAFETY PROJECT OR HRRR PROJECT THROUGH MDOT'S LAP UNIT IN THE PAST 5 YEARS?

YES

NO

SAFETY PROJECT

HRRR PROJECT

IF YES, HAVE ALL PROJECTS BEEN COMPLETED?

YES

NO

IF NO, PLEASE EXPLAIN WHY

OTHER PROJECT CONSIDERATIONS

LOCAL AGENCY PROGRAMS SAFETY PROJECT SUBMITTAL FORM

FUNDING TEMPLATE:

FISCAL YEAR:

| | | | |
|---------------------|---------|----------------------|---------|
| LOCAL AGENCY | | LOCAL AGENCY CONTACT | |
| PHONE NO. | FAX NO. | EMAIL ADDRESS | |
| ALTERNATIVE CONTACT | | PHONE NO. | FAX NO. |
| EMAIL ADDRESS | | | |

PROPOSED PROJECT LOCATION, LIMITS AND PROJECT DESCRIPTION

| | | |
|--|------------------------|--|
| PROPOSED COST | TIME OF RETURN (YEARS) | IMPROVEMENT CATEGORY (CHECK THE CATEGORY THAT APPLIES) Intersection Improvements Roadway and Structure Improvements Roadside Improvements Pedestrian and Bicycle Improvements Other _____ |
| BENEFIT TO COST RATIO | | |
| PLEASE LIST THE CRASH REDUCTION FACTORS USED: | | |
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| ROADWAY DATA | | CROSS ROAD DATA (If an intersection improvement) | |
|------------------------|---------------------------|--|---------------------------|
| PRIMARY ROUTE NAME | | ROUTE NAME | |
| ADT | | ADT | |
| PERCENT COMMERCIAL | *NO. OF CRASHES | PERCENT COMMERCIAL | *NO. OF CRASHES |
| * NO. OF FATAL CRASHES | *NO. OF "A" TYPE CRASHES | *NO. OF FATAL CRASHES | *NO. OF "A" TYPE CRASHES |
| *PERIOD OF CRASH DATA | FUNCTIONAL CLASSIFICATION | *PERIOD OF CRASH DATA | FUNCTIONAL CLASSIFICATION |

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